

# **EXHIBIT B**

**Lincoln Family Dental**

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## Third Party Financing Application Authorization

I hereby authorize Lincoln Family Dental, my service provider, to facilitate the submission of my application for credit via the following Third Party Lending Institutions:

☐ Lending Club

☐ Lending Point

☒ Care Credit (Allegro) *Approved*

I acknowledge and agree that in connection with this authorization, Lincoln Family Dental may obtain information from me and provide information about me (including, but not limited to the services I obtain from Lincoln Family Dental and the cost thereof) to Lending Club, Lending Point, Care Credit, Allegro or other participating entities.

I authorize the Lending Club, Lending Point, Care Credit or Allegro to verify the information in my application, and to share information concerning my application and account status with my service provider. I understand that a credit check will be performed as part of this application process and my credit score may be impacted.

I understand and agree that Lending Club, Lending Point, Care Credit or Allegro can furnish information concerning my account to a consumer credit reporting agency and others who may properly receive that information.

I certify that I have read and agreed to all these terms to my application, including the consent, application terms and conditions, credit profile authorization and privacy policy, and that all information that I have provided is true and correct.

Signature:

*R. Jain Singh*

Name (Please Print):

*Ravetta Jain Singh*

Date:

*08.10.23*